EDITORIALS

THE 1927 C. M. A. ANNUAL MEETING

Elsewhere in this issue may be found an announcement by the Local Committee of Arrangements pertaining to our Annual Meeting at the Los Angeles Biltmore, Monday to Thursday, April 25-28.

With a number of nationally known physicians who will address general sessions and the additional splendid programs being arranged for our own speakers, the meeting promises to be particularly successful and the largest in attendance in the history of the Association.

Arrangements for the social program will be in keeping with Los Angeles' well-earned reputation for hospitality.

WHO ARE THE INDIGENT

According to California law as it is being interpreted, a patient is "indigent" not only when he is too poor to pay anything, but even when he can pay all his costs of sickness, *except a doctor's fee.* The doctor not only donates his services freely to the county or municipal institution, even when the county is reimbursed for part or all the other costs of service to the patient, but the doctor is "not permitted" to receive even a gratuity from the grateful patient who may still have some self-respect he wishes to retain. Free service to the deserving poor always has been accepted by doctors as a duty, if not a privilege—and rightly so. But under our present scheme of things he is not rendering charity to the poor, *but he is rendering it to government,* which is responsible under its own laws to give this service. Nor is this all; doctors not only render charity service to county governments—millions of dollars worth of it annually in California alone—but they pay their share of taxes and contributions to organizations who are required by law or voluntarily assume the responsibility for the care of the indigent sick and who proudly claim credit for what they are doing for the poor. The only credit the doctor gets is a guarded compliment carefully buried in an annual report that no one reads; but more often he gets drastic criticism, often in the public press, or even a malpractice suit for his alleged incompetence or dereliction of duty. This in spite of the fact that, of all those engaged in serving the sick in government hospitals, he is *the only one who is not paid.*

It is one thing—and a highly praiseworthy one—for the doctor to serve indigent clients as he does others in a direct sympathetic manner; and it is quite another to serve a government free, that it may find other uses for the taxes it collects from doctors, among others, to discharge this very obligation.

California has traveled far and is going ahead with speed on this dangerous road that is leading to an obvious destination. Official reports show that in one hospital of one county last year the doctors gave without cost 30,000 hours of their services to some 30,000 different patients, spending nearly one-half million patient-days in the hospital, while the county collected, when it could, as it is permitted to do by the Pauper Act, $3.50 a day from its bed patients and 50 cents a visit from the ambulatory sick.

Another interesting feature of this medical charity rendered by the doctors to a rich county government is shown in the method of handling the many county and city employees who are perforce beneficiaries under the industrial accident law of the state. These are served *free,* although state law provides payment according to a legal fee schedule for the doctor who renders the service. It is not revealed whether the many thousands of dollars thus contributed by doctors benefits the county as a "self-insurer" or goes to swell the net earnings of several million dollars annually by the state insurance company alone.

It is true that a comparatively small percentage of the patient's fees in this hospital or in other county hospitals that employ similar methods are collected, for reasons obvious to those who know human nature. But the educational value of the method in encouraging government dependency, making thriftlessness honorable, and increasing possible political power where it may be wanted has possibilities.

It would be difficult to take issue with a properly safeguarded policy which insists that every patient who can do so purchase needed service from private sources at such rates as he can secure; and that those who cannot afford to pay the fair costs of care thus amply provided, be required to pay such part of the cost of service in government institutions as they can afford—PROVIDED, a fair proportion of such income goes to the doctor for his service. All of the other thousand or more persons who take part in this service are paid, as they should be. But why discriminate against the doctor, and tax him, in addition, to help pay the other employees' salaries as well as to support other government clinics available "free" alike to "rich man, poor man, beggar man, thief."

However, history is convincing that the policy of government institutions, designed to serve the poor, by making even small charges to those who will pay them, leads inevitably to one of two logical conclusions: it falls by its own weight—often with a crash of political and economic importance—or it leads to a government monopoly of a kind particularly repugnant to most thinking people, including those served.

This editorial is a discussion of principles and policies and is not intended as a reflection on the many able and conscientious leaders who are confronted with an astoundingly complicated problem of the first magnitude, involving many angles, in directing the welfare of the more than two million citizens of the one county from which we have the last records.

THE PROPOSED GOVERNMENT MONOPOLY OF INDUSTRIAL MEDICAL PRACTICE

The recommendation of the California Industrial Accident Commission that the legislature give to this government bureau through its state insurance

company a complete monopoly of industrial medical practice is the most far-reaching and boldest bid for state medicine that has occurred in our country since the initiative petition for compulsory health insurance was so badly beaten by the voters of California some years ago.

The only surprise to those who have followed the additions, amendments and rulings employed in the expansion of this law since its enactment some years ago is in the boldness and baldness which characterizes this latest move and the naive arguments put forth in its support.

The principle of industrial accident insurance is a sound and humanitarian one that needs to be sanely developed. It is now being handled by one state insurance company, some thirty private insurance companies, and scores of self-insurers. Upon this competitive basis the state insurance company (state fund) claims to be doing a majority of the business and at the same time refunding to its policyholders an average of 30 per cent of premiums paid. These refunds, it is stated, have aggregated over $11,000,000 during the few years the state has been active in the insurance business.

A substantial amount of this profit has been made by paying a ridiculous minimum for physicians' services and by grinding down payments for hospital service far below the cost of rendering it, so that some of the hospital's service to the assured must be made up by private or organized philanthropy.

Even the greatest of our trusts would be feeling pretty good over such prosperity, but the state bureau wants to go a step further and forbid all competition by private business. Why?

We suspect that the reasons, or many of them, including some likely to prove embarrassing to politicians, may come out in the intensive fight on this politico-socialistic move sure to take place in the current session of the legislature.

The greatest opposition to the present law as it is administered is, what in effect amounts to taking from the patient the right of choice as to who shall serve him. It is a well-known fact that by means unnecessary to discuss at this time, a group of laymen allocate an amazingly large share of the medical work to a remarkably few doctors, often to the dissatisfaction of both the patient and the doctor of his choice.

Under present competitive conditions it so happens that each insurance company, including that of the state, has its own group of doctors and these many groups insure an allocation of the medical work more widely and, therefore, more pleasing to patients and doctors than would occur under any monopoly, state or private.

The very heart of all such insurance is a medical one; a problem of the first magnitude which affects over a million citizens of the state. The officers of the state insurance company and the industrial accident commission are appointees of the governor, liable to selection and change practically at his pleasure. Although primarily a medical question, no educated physician is, or ever has been one of these appointees. It is true that the commission engages the services of a highly respected medical director, but he is not a member of the commission. So, too, the state insurance company engages one or more doctors, but the best that these may do is to make recommendations. So, as an actuality, the control of a great medical problem, including to an amazing extent the selection of the doctor an assured may have, is largely vested in political appointees of government bureaus. The story of how this authority works out may be told at the proper time, but to further governmentalize this service by eliminating all competition might very well lead to conditions calculated to jeopardize the whole worthy scheme of industrial insurance.

That government monopoly of accident insurance is only a resting station to further ends seems apparent from a glance at trends in the field. Since the original law was passed, time after time whole groups of additional diseases have been brought under its provisions; sometimes a hundred or more new ailments have been added by a single decision, until as the law now stands it covers not only accidents but a large percentage of the infirmities of mankind. More undoubtedly will be added. When we get a little further along this road and then give a state government bureau a monopoly in enforcing the law, it would only require one more easy step to have complete compulsory state health insurance for California; more universal and more completely under political control than exists in any other country.

Since the above was written, C. W. Fellows, able insurance executive, for nine years director of the State Insurance Company (San Francisco *Chronicle*, December 27), in discussing the attempt of the State Fund to give to itself a monopoly of industrial accident insurance by legislative enactment says:

> An analysis of the situation proves conclusively that there is no occasion whatever for the establishment of a bureaucratic monopoly under our compensation law. At present employers have a choice of insurance carrier types which include state insurance, interinsurance, mutual insurance, nonparticipating stock insurance and participating stock insurance, and there is no agitation on the part of employers, about 70 per cent of whom carry private insurance, for a monopolistic state insurance fund. Some, at least, of the state fund's competitors are today providing a far speedier, more intelligent and more satisfactory service to both employers and employees. In addition, injured workmen under these private company policies are better cared for and are receiving more prompt payment of their weekly compensation than are those covered by state insurance.
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> During my nine years' service with the State Compensation Insurance Fund I consistently held to the view that the elimination of competition could have no other result than to bring about the usual attitude of bureaucracies—laxity, arrogance and inefficiency, to say nothing of the enhanced facilities for political use of the organization. My experience constantly impressed upon me the fact that only through the sharpest competition could the service of such an institution be maintained at even a fair standard of efficiency.
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> The latest actuarial examination of the fund shows that, in order to successfully compete, it is paying dividends in excess of its earnings, necessitating the depletion of the surplus accumulated under the previous management. The report covering this is on file with the State Insurance Commissioner, but that feature of the report, for obvious reasons, has been given no publicity by the State Fund management.
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> During my administration of the fund I was con-

tinually importuned by politicians to make room in the organization for their friends, and pressure was brought to bear upon me to take back employees discharged for rank inefficiency. At one time an attempt was made to divert the moneys of the fund to highway finance. If I had not stood stoutly against this, the action would have reduced the surplus of the fund approximately half a million dollars. Should the need for insurance brains and competitive instincts be removed by the legislative creation of a bureaucratic monopoly, the greater opportunity for sinecures and the paying of political debts is very apparent indeed.

Governor C. C. Young commented on this question in a letter dated August 16, 1926, in the following language:

"In my own business, for a number of years, my firm wrote all our compensation insurance with private companies, and with satisfactory results. From my present knowledge of the situation, I do not see any necessity for a change in the existing law as regards this matter."

It is one thing to make accident and health insurance compulsory for a third of the population of a great state and in effect require the beneficiaries to accept the doctors and hospitals designated by a score or more competing insurance companies and many self-insurers; but it is something else to reduce this enormous medical problem to a government monopoly, with the right to fix premiums and force a million assured to accept this service of an amazingly small group of doctors, selected for them by nonmedical appointees of a government bureau and paid the inadequate fees that have characterized this medical price-fixing bureau since its inception.

ORGANOTROPIC VERSUS ETIOTROPIC ACTION IN THERAPEUTICS

The first cardinal requirement of rational treatment is removal of the cause, and sometimes this is simple enough, but more commonly it is the most difficult, if not impossible, task. The latter is true even of conditions whose etiology is understood. The situation would appear more chaotic with those whose etiology is unknown, yet it is in many diseases of unknown etiology that certain measures demonstrate most satisfactory therapeutic results. This appears to be true of the general group of allergic conditions. While the mechanism of the therapeutic responses in these conditions is not yet understood, the results already obtained point the way to future studies. These, it is hoped, will be useful not only for an understanding of the so-called etiotropic and specific, but also of the organotropic, humoral and nonspecific agents. It is the latter group that merits extended consideration, for their usage in therapeutics has not always appeared rational, possibly because we have been too greatly impressed with "specific" agents. The older alterative and general tonic drugs fall into the category of the nonspecific and organotropic agents.

A few examples of demonstrated indirect and organotropic actions will make it clear that specificity is no longer the *sine qua non* of therapy, nor that direct action is the only worthy one. Dale showed long ago that the pressor action of nicotine, a specific ganglionic poison, was only partly due to ganglionic stimulation. The chief part was due to an increased output of epinephrine from the adrenals caused by the nicotine, for the typical rise of blood pressure was prevented in adrenalectomized animals. Tainter has shown that gross edema of the head can be prevented by nontoxic doses of strychnine, nicotine and some other drugs, providing the adrenals are intact, the preventive effects being due to increased epinephrine output from an action of these drugs on the adrenal glands. As the result of such indirect actions of strychnine, really actions of epinephrine, several investigators have demonstrated a general stimulation of the sympathetic nervous system. It is interesting to note that such stimulations are better sustained than from the injections of epinephrine itself. Proceeding upon the basis of such results, the tonifying action long attributed to strychnine may not be so irrational as it once appeared on classical pharmacological grounds. A tonifying action may be easily visualized from the increased epinephrine on the circulation, the maintenance of vascular tonus, the increased basal metabolism, the diminished muscular fatigue—phenomena that have all been demonstrated with, and are well-known actions of, epinephrine itself. The contributory benefit from an improved circulation must in itself be an improvement of considerable moment for functions in general. All these rather than the bitter stomachic effects, which are perhaps largely psychic, may be the basis of strychnine therapy, an altogether indirect and organotropic action, and not at all connected with the conventional increased reflex excitability or convulsant action of the drug. While the indirect actions of strychnine have been demonstrated with rather large therapeutic doses, it is reasonable to suppose that some part of the action is occurring with ordinary therapeutic doses. The physiological methods of measuring the epinephrine output, though delicate enough when compared with other methods, are nevertheless gross and crude when compared with the scarcely measurable outputs in virtue of scarcely measurable natural stimuli going on unconsciously in all of us. The time may come when such minute and apparently insignificant quantities of epinephrine and other constituents will be measured. Then perhaps they will no longer be regarded as insignificant.

Moreover, it need not be an increased output of epinephrine that is the basis of the alterative and stimulant actions of therapeutic agents. Outputs of other secretions, to mention only the thyroid and pituitary, have not yet been extensively tested in this connection, although in the case of pituitary it seems well established in lower species that pituitary can yield constituents whose presence in the circulation increase capillary tonus. The recent work of Geiling and Campbell shows that the circulatory actions of pituitary extract are mediated through altered states of the tissues. The excited state of bronchial muscle determines the usefulness of epinephrine and ephedrine as correctives of asthma. Marine has shown that the basal metabolism is changed by administering adrenal cortex which acts through the thyroid gland. Insulin, no doubt, too, exerts its action through the tissues, perhaps through the skeletal muscles and not directly through the blood sugar changes, though the latter are the main index of its effects. The recent results of Collip with para-